	DELIVERED
FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTES
_	18 APR 16 PM 12: 13
	U.S. HOUSE OF REPRESENTATIVE
New Member of or Candidate for State: PA U.S. House of Representatives District: NEW S Check if Amendment FILER	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or hold any reportable positions during the reporting benefit or in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ough the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	extable agreement or arrangement with an reporting period or in the current calendar Yes No of filing?
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a liability (more than \$10,000) at any point during the reporting period?	an \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	NSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded Yes No No
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they me exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	lid because they meet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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		3	PA	1			П	n the optional column on the fer left. For a detailed discussion of Schadule A requirements blesse refer to the instruction booldst.	you so choose, you may indicate that an asset or rooms source is that of your spouse (SP) or apendent child (DC), or jointly held with anyons (JT).	you report a privately-traded fund that is as acapted investment Fund, please chack the "Eff- X.	include: Your personal residence, including secont comes and vecation homes (infess there was retain comes during the reporting period); and say financial states. In, or income defined from, a federal element program, including the Thrill Sevings Plan.	or an ownership interest in a privately-hald but is not publicly traded, state the name usinest, the name of its activities, are exprephic location in Block A.	or revisi and other real property held for investment woulde a complete address or description, e.g. ransal property," and a oby and siste.	For bunk and other ceah accounts, local the emount in all interest-bearing accounts. If the fold is over \$5,000, tel every intercell intellution where there is more than \$1,000 in interest-bearing accounts.	account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as KO1(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual fund (do not use only licher symbols).	come during the year	rd (b) any other reportable asset	dentify (a) such assert production of income an	Assets and/or income Sources	ŀ
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Use additional sheets if more space is required.

Name:

SCHEDULE C - EARNED INCOME

Name Page 3 2

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type		Amount
Course (include date of levely for Horizonia)	iypa	Current Year to Filing	Preceding Year
	Honoratum	98	\$500
Examples: Chai War Roundarbe (Oct. 2) Chair Vo County Board of Education	Spouse Speech Spouse Safery	NA 80	\$1,000 \$1,000
Divisi Insumed to Algorithment of Paning	Selevy	80°030° 6 2	85.671.54
	Sulary	2,800.00	14,085,51
Employment Compensation	Compaisation	0-00	4,608,00
(Daverly Heights Retieunt Communely	Salavij	760.00	0-00.

SCHEDULE D - LIABILITIES

Name: Page of 6	•

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members are required to report all liabilities occurred by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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	48/9	11/11/2	6/88	5/98	Date Liability Incurred MO/YR		
	Student loan	(ar lease	Student Coon	Mortgage on Rantal Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
ZNaN	

SCHEDULE F - AGREEMENTS

Name: Page 2 6

dentify the de continuation o employer.	te, parties to, and general terms of any agreement or arrangement that you har deferral of payments by a former or current employer other than the U.S. go	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	SNON	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and they prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Hometown, Homestate	Accounting Services
ZNON	

FILER NOTES (Optional)

Page 6 of 6

NOTE
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